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Date of Deposit: May 12, 2010

Attorney Docket No. 36908-510001US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Gerald Feuer et al.

Examiner: N/A

Application No.: 10/719542

Group Art Unit: N/A

Filed: November 20, 2003

Confirmation No.: 3474

Title: **INFLATABLE APPARATUS FOR ACCESSING A BODY CAVITY AND  
METHODS OF MAKING**

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Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**PETITION TO WITHDRAW AS ATTORNEY OF RECORD AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Please withdraw Brian P. Hopkins, Reg. No. 42,669 and Boris A. Matvenko, Reg. No. 48,165 along with all practitioners associated with customer number **35437** as attorneys/agents of record in the above identified patent application. A copy of Request for Withdrawal PTO/SB/83 form is also enclosed herewith.

The reason for this request is:

- Under 37 C.F.R. § 10.40(c)(1)(vi) the client has failed to pay one or more bills rendered to it.
- Upon information and belief, the client has been billed using monthly invoices.
- The client owes a substantial amount of money to Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. A large percentage of the outstanding fees have been due for one hundred twenty (120) days or more.
- Upon information and belief, repeated notices have been sent to the client requesting payment for past services and expenses.
- As of the mailing date of this petition, the client has not made any payment since September 30, 2009.

Please change the correspondence address for the above identified patent application and direct all future correspondence to:

Gerald J. Sanders - CEO  
FemSuite LLC  
19991 7<sup>th</sup> Street East  
Sonoma, California 95476

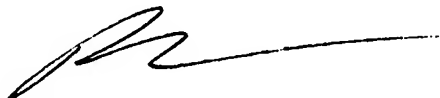
The above correspondence address is the last known address of the client. A copy of this request for withdrawal will be provided to the client at its last known address and at its registered agent.

Based on the foregoing, this petition is believed to be in grantable condition, and a notice to that effect is respectfully requested. If a telephone conversation with the below-identified attorney would help expedite the processing of this petition, the Examiner is invited to call the undersigned attorney at (212) 935-3000.

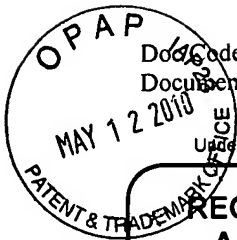
The Director is hereby authorized to charge any fees which may be required to Deposit Account 50-0311, Reference No. 36908-510001US.

Respectfully submitted,

Date: May 12, 2010



Brian P. Hopkins, Reg. No. 42,669  
Boris A. Matvenko, Reg. No. 48,165  
Attorneys for Applicant  
MINTZ, LEVIN, COHN, FERRIS, *et al.*  
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Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (11-08)

Approved for use through 11/30/2011. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

|                        |                      |
|------------------------|----------------------|
| Application Number     | 10/719542            |
| Filing Date            | November 20, 2003    |
| First Named Inventor   | Gerald Feuer, et al. |
| Art Unit               | N/A                  |
| Examiner Name          | N/A                  |
| Attorney Docket Number | 36908-510001US       |

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 35437

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)                | <input type="checkbox"/> 10.40(b)(3)                       | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)            | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)                | <input type="checkbox"/> 10.40(c)(6) Please explain below: |  |

**Certifications**

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

OR

B. ☒ Inventor or  
Assignee name Gerald J. Sanders

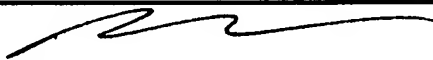
Address FemSuite LLC, 19991 7th Street East

City Sonoma State California Zip 95476 Country USA

Telephone 415 867-9605 Email jerry@sfsinvent.com

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature



Name

Boris A. Matvenko

Registration No. 48165

Address Mintz, Levin, Cohn, Ferris, Glovsky and Popeo PC., The Chrysler Center, 666 Third Avenue, 24th Floor

City New York State New York Zip 10017 Country USA

Date

5/12/10

Telephone No. 212-935-3000

**NOTE: Withdrawal is effective when approved rather than when received.**

[Page 2 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.